

Denti-Cal California Medi-Cal Dental Bulletin

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Denials

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Training Seminars

Reserve your spot for one of our
training seminars.

Ontario
Ortho/D455 - Nov. 6, 2013

Ontario
Advanced/D456 - Nov. 7, 2013

Long Beach
Basic & EDI/D457 - Nov. 14, 2013

Long Beach
Advanced/D458 - Nov. 15, 2013

Webinar
Basic & EDI/D459 - Nov. 19, 2013

Provider Enrollment Assistance Line

Speak with an Enrollment
Specialist. [Go here for more
information!](#)

Next available date:

Wednesday, November 20,
8 am - 4 pm.

Helpful Hints to Avoid Denials

Denti-Cal would like to offer the following to help offices avoid delays in payment and the denial of Claims and Treatment Authorization Requests (TARs).

- Beneficiaries who turn 21 years of age;
 - Authorized procedures on a Notice of Authorization (NOA):
 - a) Denti-Cal authorized treatment on a NOA may be allowed even though the beneficiary's 21st birthday occurs before the expiration date on the NOA. Procedures requiring prior authorization will be payable as long as the beneficiary is eligible at the time services are rendered.
 - b) Orthodontic coverage is a benefit to age 21 for qualifying beneficiaries. Authorized orthodontic treatment may be rendered on an eligible beneficiary through the month of their 21st birthday.
- All Denti-Cal forms: i.e. claims/TARs/NOAs/RTDs/CIFs require a live signature from the provider or authorized staff member. Rubber stamps or "signature on file" cannot be accepted.
- Use the existing NOA for a re-evaluation of a denied procedure by marking the re-evaluation box on the upper right corner and submit all required documentation and/or radiographs. Do not submit a Claim Inquiry Form (CIF) for this purpose.
- Arch radiographs are defined as a combination of radiographs that best depicts the condition of the remaining teeth in the arch. Arch films are considered current for a period of 36 months.
- Arch radiographs are not required for patients under the age of 21
- Do not use X-ray envelopes for periodontal charts or any other type of documentation. X-ray envelopes are to be used for radiographs and photographs only. Staple all attachments to the back of the Claim/TAR form.
- Do not reuse X-ray envelopes that have been returned to you by Denti-Cal

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Common Adjudication Reason Code (ARC) Denials

The most common adjudication reason code denials are as follows:

- Not submitting the required radiographs for restorations and extractions (ARC 266B)
- Submitted third molar extractions do not meet the program guidelines (ARC 048)
- Mislabeled radiographs and photographs (including digitized images):
 - Radiographs/photographs are not dated (ARC 029A)
 - Radiographs are dated after the date of service for the procedure (ARC 029E)
 - Radiographs/photographs have multiple dates (ARC 029C)
 - Date on the photographs do not match the date of service indicated on the claim for the photographs (ARC 031C)
 - Radiographs/photographs are not labeled right/left or teeth numbers are not indicated (ARC 266G)
- Submitting non-diagnostic radiographs (ARCs 266C, 266I, 266K)
- Providers are not responding to RTDs or if the document was sent electronically, requests for radiographs/attachments (ARC 326)
- Submitting incorrect tooth numbers, surfaces or procedure codes
- Photographs not submitted with the Claim or Treatment Authorization Request (TAR) for the procedure that it supports (ARC 031/031A)
- Rendering/NPI # is incorrect or not submitted
- Not submitting a complete Emergency Certification Statement for a limited scope aid code (ARC 369, 369A)
- Not submitting documentation or submitting incomplete documentation for an emergency procedure (ARC 267, 267I)

For a complete listing of adjudication reason codes and their definitions, see “[Section 7 – Codes](#)” in the Provider Handbook.

Tips for Claims Processing

Denti-Cal continually strives to decrease claims processing time, improve responsiveness to provider and beneficiary inquiries, and increase adjudication accuracy. To aid in this, providers are reminded to follow these guidelines when submitting paper Treatment Authorization Requests/Claim forms to ensure optimum results and avoid denials.

Please DO	Please DO NOT
<ul style="list-style-type: none"> • Enter the beneficiary's 14-digit number as it appears on the Medi-Cal identification card in field 5. • Use only Denti-Cal provided forms. • On the TAR/Claim form, leave boxes 11 through 18 blank, unless indicating “yes.” Optical Character Recognition reads any mark in boxes 11 through 18 as a “yes”, even if the answer is “no.” • Use a laser printer for best results. If handwritten documents must be submitted, use neat block letters, black ink, and stay within the field boundaries. • Use a 10 point, non-proportional, plain font (such as Arial), and use all capital letters. • Use a 6-digit date format without dashes or slashes, e.g., mmddyy (123109). 	<ul style="list-style-type: none"> • Enter the beneficiary's Social Security number in field 5. • Use correction fluid or tape. • Use Italics or script fonts. • Mix fonts on the same form. • Use arrows or quote/ditto marks to indicate duplicate dates of service, National Provider Identifier (NPI), etc. • Use dashes or slashes in the date fields. • Print slashed zeros. • Use photocopies of any Denti-Cal forms. • Use highlighters or highlight field information (this causes field data to turn black and become unreadable).

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Please DO	Please DO NOT
<ul style="list-style-type: none"> • Print within the lines of the appropriate field. • Submit notes and attachments on 8 ½" by 11" paper. Small attachments must be taped to standard paper in order to go through the scanner. • Submit notes and attachments on one side of the paper only. • Enter quantity information in the quantity field. OCR does not read the description of service field to pick up the quantity. • On the TAR/Claim form, complete boxes 19 and 20. Enter the complete Billing Provider Name and NPI Number to ensure appropriate payment to the correct billing number. • Apply a handwritten signature in blue or black ink. 	<ul style="list-style-type: none"> • Enter quantity information in the description of service field. • Put notes on the top or bottom of forms. • Fold any forms. • Include double-sided attachments since they require copying and additional preparation for the scanners, causing delays in adjudication. • Use labels, stickers, or stamps on any Denti-Cal forms. • Use rubber signature or "signature on file" stamps. • Place additional forms, attachments, or documentation inside the X-ray envelope. This will cause a delay in adjudication and processing. • Remember that the following TAR/Claim forms are no longer available and should not be used: DC-002A, DC-002B, DC-009A, DC-009B, DC-017A, and DC-017B.

For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.